

CHAPTER 23
ILLUSTRATED FORMS

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CLAIM

On Account of Appropriation for

To _____ Dr.

Address _____

A CLAIM, TO BE PROPERLY ITEMIZED, MUST SHOW, KIND OF SERVICE, WHERE PERFORMED, DATES SERVICE RENDERED, BY WHOM, RATE PER DAY, NUMBER OF HOURS, RATE PER HOUR, PRICE PER FOOT, PER YARD, PER HUNDRED, PER POUND, PER TON, ETC.

DATE _____	ORDER NO.	ITEMIZED CLAIM	DOLLARS CTS.		
		SAMPLE			

Pursuant to the provisions and penalties of Chapter 155, Acts of 1953.

I hereby certify that the foregoing is just and correct, that the amount claimed is legally due, after allowing all just credits and that no part of the same has been paid.

(SIGNATURE OF CLAIMANT)

Date _____, _____

TITLE

CLAIM NO. _____ WARRANT NO. _____

IN FAVOR OF

\$ _____

ON ACCOUNT OF APPROPRIATION

FOR _____

ALLOWED _____, _____

IN THE SUM OF \$ _____

SAMPLE

I have examined the within claim and hereby
certify as follows:

That it is in proper form.

That it is duly authenticated as required by law.

That it is based upon { Contract
Statutory Authority

That it is apparently { correct
incorrect

Signature

Title

Date

I certify that the within bill is true and correct; that the supplies
and materials therein itemized and for which charge was made were
ordered by me and were necessary to the public business; that each
and every item has been delivered to me and was in accordance with
contract, except :

ACCOUNTS PAYABLE VOUCHER

TOWN OF _____, INDIANA

An invoice or bill to be properly itemized must show: kind of service, where performed, dates service rendered, by whom, rates per day, number of hours, rate per hour, number of units, price per unit, etc.

Payee		Purchase Order No. Terms Date Due	
-------	--	---	--

Invoice Date	Invoice Number	Description (or note attached invoice(s) or bill(s))	Amount

SAMPLE

I hereby certify that the attached invoice(s), or bill(s), is (are) true and correct and that the materials or services itemized thereon for which charge is made were ordered and received except _____

	Signature	Title

I hereby certify that the attached invoice(s), or bill(s), is (are) true and correct and I have audited same in accordance with IC 5-11-10-1.6.

	Clerk-Treasurer

COST DISTRIBUTION LEDGER CLASSIFICATION
IF CLAIM PAID MOTOR VEHICLE HIGHWAY FUND

[illegible]

ALLOWED _____, _____

IN THE SUM OF \$ _____

Council Members

Prescribed by State Board of Accounts

General Form No. 362 (Rev. 1987)

REPORT OF COLLECTIONS

To _____
(Title of Officer)

_____, Indiana
(Governmental Unit) (County)

Collections for Period _____, _____ to _____, _____

Description	Fund to be Credited	Collections This Period	Prior Collections	Year to Date Collections
Total Amount Collected				

I hereby certify that the foregoing is a true and correct report of collections due the above named governmental unit for the period shown.

Dated this _____ day of _____, _____

NOTE

This is not to be used as a receipt for collections.
The official to whom the report is made must issue
an official receipt for the collections remitted.

(Signature)

(Title of Officer)

NOTE: Total hours or days to be paid shall equal the days or hours worked plus authorized leave to which an employee might be entitled by law and under the leave policies established by the governing body. The "Days Lost" column will apply only to salaried employees.

Page _____ of _____ Pages
_____ Fund[illegible]

REGULAR TIME AND OVERTIME

Two lines have been provided for each employee to show regular time hours and overtime hours worked and the amount each employee earned for regular time and overtime.

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STATE OF INDIANA, _____ COUNTY, SS:

I, _____ Name

_____ of _____ Agency

Title

hereby certify that I have examined the time record of each employee listed on Pages _____ to _____ of this payroll, that each employee has performed the service for which salaries or compensation is paid; that to the best of my knowledge and belief no part of the salary or compensation of any employee listed hereon is being divided or accounted for or by reason of his employment; that the compensation listed opposite the name of each employee is based upon either statutory or regulatory authority in such employee; that the deductions have been authorized for the purpose stated: that this payroll totalling \$ _____ is correct and has by me been approved for _____ Basic Pay

Dated _____, _____ (Signature)

_____ (Official Title)

I have examined the within claim and hereby certify as follows:

This is in proper form.
That it is duly authenticated as required by law.

That it is based upon _____ contract.
_____ statutory authority.

That it is apparently _____ correct.
_____ incorrect.

_____ Disbursing Officer

23 - 10

Appropriation or Account Title	Approp. or Acct. No.	Amount
-----------------------------------	-------------------------	--------

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--	--	--	--

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FILE			
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MMF			
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--	--	--	--

--	--	--	--

Total Gross Pay
FILED

See next page for reverse side of this form.

Prescribed by State Board of Accounts

City or Town Form No. 206 (Rev. 1975)

General Form No. 360 (Rev. 1975)

CLERK-TREASURER'S, CITY CONTROLLER'S AND CITY TREASURER'S MONTHLY FINANCIAL STATEMENT

City or Town of _____

Month of _____, _____

[illegible]

See preceding page for reverse side of this form.

Prescribed by State Board of Accounts

City or Town Form No. 206 (Rev. 1975)
General Form No. 360 (Rev. 1975)

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I
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CLERK-TREASURER'S OR CITY TREASURER'S DEPOSITORY STATEMENT AND CASH RECONCILEMENT

City or Town of _____

Month of _____, _____

NAMES OF DEPOSITORIES AND DEPOSITORY ACCOUNTS	DEPOSITORY BALANCE END OF MONTH	OUTSTANDING WARRANTS	NET DEPOSITORY BALANCE
	9	10	11
SAMPLE			
TOTALS			
INVESTMENTS MADE FROM DEPOSITORY BALANCES			
ADD: Cash in Office			
ADJUSTMENTS (explain fully)			
TOTAL CASH BALANCE, Plus Depository Balances Invested			
INVESTMENTS FROM FUND LEDGER FUNDS (As Shown in Register of Investments)			Investments on Hand
Total of Investments - All Funds (As Shown in Col. 7, opposite page)			End of Month
TOTAL CASH BALANCE AND INVESTMENTS			

See next page for reverse side of this form.

Prescribed by State Board of Accounts

City or Town Form No. 212 (Rev. 1975)
General Form No. 361 (Rev. 1975)

TREASURERS DAILY BALANCE OF CASH,

		Balance From The Previous Day 1	Receipts For The Day 2	Investments Purchased For The Day 3	Disbursements For The Day 4	Investments Cashed For The Day 5	Balance Close of Day 6
1	Ledger Balance - Cash Funds						
2	Investments From Ledger Funds						
3	Totals						
		Depository Balances Previous Day 1	Deposits During Day Ledger Funds 2	Investments From Deposi- tory Balances Cashed-Cost 3	Warrants Issued During Day Ledger Funds 4	Investments From Deposi- tory Balances Purchased-Cost 5	Depository Balances Close of Day 6
	NAMES OF DEPOSITORIES						
4A							
4B							
4C							
4D							
4E							
4F							
4G							
4H							
4I							
4J							
5	Total Depository Balances						
		Investment Balances Previous Day 1		Investments Purchased- Cost 3		Investments Cashed-Cost 5	Investment Balances Close of Day 6
	INVESTMENTS - (Listed by Funds as Shown in Investment Register)						
6A							
6B							
6C							
6D							
6E							
6F							
6G							
6H							
6I							
6J							
7	Depository Balances Invested						
8	Total Investments						
9	Totals - Depositories and Investments						

See preceding page for reverse side of this form.

City or Town Form No. 212 (Rev. 1975)
General Form No. 361 (Rev. 1975)

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—
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DEPOSITORIES AND INVESTMENTS

DATE _____, _____

	Column 1	Column 2	
Cash on Hand Beginning of Day (Line 11, preceding page)			1
Add Receipts for the Day (Line 1, Col. 2, opposite page)			2
Add Investments From Depository Balances - Cashed - Cost (Line 5, Col. 3, opposite page)			3
Totals			4
Deduct Deposits During the Day (Line 5, Col. 2, plus Col. 3, opposite page)			5
Net Cash on Hand for which Accountable			6
Cash on Hand Close of Day (Per Cash Count):			7
Currency			8
Coins			9
Checks and Money Orders			10
Total Cash on Hand Close of Day			11
Deduct Advances for Cash Change Fund (If not included in Ledger Balances)			12
Net Cash on Hand (After Deducting Advances)			13
Add-Depository Balance - Close of Day (Line 5, Col. 6, opposite page)			14
Total Cash on Hand an in Depository			15
Add Cash Under			16
Deduct Cash Over			17
Total			18
Add Investments on Hand Close of Day (Line 8, Col. 6, opposite page)			19
Proof (Must equal Record Balance Close of Day, Line 3, Col. 6)			20
			21
INSTRUCTIONS:			22
(1) Lines 1, 2 and 3 reflect the transactions each day for the ledgers for all cash funds and all investments made from the Ledger Funds.			23
(2) Lines 4A through 4J will be used for the various depositories and will reflect the transactions each day for each depository affected.			24
(3) Lines 6A through 6a will reflect the transactions each day of investments for each fund affected.			25
(4) Line 7 will reflect the transactions each day of the investment made from the total of all monies on deposit, except for investments made from fund balances under (3) above.			26
(5) Line 8 will reflect the Transactions of Investments by Funds and from the depository balances in total.			27
(6) Line 9 reflects the transactions in Totals-Depositories and Investments.			28
(7) Line 2, Col. 3, reflects Investments Purchased in amount of \$1000 from Ledger Balance-Cash Funds as a portion of the Disbursements for the day as shown on Line 1, Col. 4, and line 4A, Col. 4. On the same day investments are purchased from a fund it shall reflect Investment Purchased-Cost, Line 6A, Col. 3 (See Sample).			29
(8) When any investments re cashed belonging to a certain fund (example shown Water Bond and Interest Fund) the amount of \$4000 shall be shown on line 2, Col. 5, and Line 6B, Col. 5. The \$4000 is included in the \$30000 receipts for the day.			31
(9) Under the Names of Depositories section, Line 4, for each depository affected, Cols. 3 and 5, will be used only when investments are purchased or cashed from the total of all funds deposited in a depository account. The totals shown on Line 5, Col. 3, shall appear on Line 7, Col. 5, and the total shown on Line 5, Col. 5, shall appear on Line 7, Col. 3.			32
			33
			34

PRESCRIBED BY STATE BOARD OF ACCOUNTS		GENERAL FORM NO. 98 (REV. 1967)		
PURCHASE ORDER				
NOTE: NO CLAIM WILL BE APPROVED FOR PAYMENT UNLESS ORIGINAL COPY OF THIS ORDER OR THE P.O. NUMBER IS MADE A PART OF THE CLAIM.		GOVERNMENTAL UNIT ADDRESS		
TO _____ ADDRESS _____ CITY _____ SHIP TO _____ SHIP VIA _____		P.O. NO. _____ This no. must be shewn on invoice, claim, and delivery memos. DATE _____ REQ. _____ IN ACCORDANCE WITH BID AND CONTRACT DATED If subject to discount please indicate on Invoice or Claim.		
CHARGE TO APPROPRIATION FOR _____		APPROPRIATION NUMBER _____		
QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	AMOUNT
This order issued in compliance with CHAPTER 99. ACTS 1945 and Acts amendatory thereof and supplemental thereto.			TOTAL AMOUNT OF ORDER ----- \$	
I HEREBY CERTIFY THAT THERE IS AN UNOBLIGATED BALANCE IN THIS APPROPRIATION SUFFICIENT TO PAY FOR THE ABOVE ORDER			BILLING ON THIS ORDER MUST BE ACCORDING TO PRICES SHOWN ABOVE	
			ORDER BY _____	
			_____	Title
FEDERAL EXCISE TAX EXEMPT		INDIANA RETAIL TAX EXEMPT CERTIFICATE NO. _____		
ORIGINAL - VENDOR'S COPY				

(Unit) _____

EMPLOYEE'S SERVICE RECORD

YEAR _____

REMARKS Workweek Begins: Hour of Day _____ ; Day of Week _____														NAME AS ON SOCIAL SECURITY CARD (Mr., Mrs., Miss)														EMPLOYEE NUMBER											
Basis of Pay: (Hr., Day, Week, Bi-Weekly, Month)														ADDRESS														ZIP CODE											
Date of Birth:														SOC. SEC. NO.										CLASSIFICATION															
Normal Work Schedule *														OFFICE, BOARD OR DEPT.										BEGIN. DATE EMPL.						LEAVE ACCRUAL DATE									
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	REGULAR VACATION LEAVE			SICK LEAVE			OTHER LEAVE	
	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	EARNED	TAKEN	BALANCE	EARNED	TAKEN	BALANCE	TAKEN	EXPLANATION															
BALANCE BROUGHT FORWARD FROM LAST YEAR -----																																							
JAN.																																							
FEB.																																							
MAR.																																							
APR.																																							
MAY																																							
JUNE																																							
JULY																																							
AUG.																																							
SEPT.																																							
OCT.																																							
NOV.																																							
DEC.																																							

V - VACATION LEAVE S - SICK LEAVE L - LOST TIME OL - OTHER AUTHORIZED LEAVE SHOW VACATION, SICK LEAVE AND OTHER ABSENCES IN DAYS AND HALF DAYS.

* EXCEPTIONS TO THE NORMAL WORK SCHEDULE SHALL BE NOTED AND ATTACHED TO THIS FORM.

MILEAGE CLAIM

TO _____ DR.

(GOVERNMENTAL UNIT)

ON ACCOUNT OF APPROPRIATION NO. _____ FOR _____

(OFFICE, BOARD, DEPARTMENT OR INSTITUTION)

[illegible]

+ODOMETER READING columns are to be used only when distance between points cannot be determined by fixed mileage or official highway map.

Pursuant to the provisions and penalties of Chapter 155, Acts 1953, I hereby certify that the foregoing account is just and correct, that the amount claimed is legally due, after allowing all just credits and that no part of the same has been paid.

Date _____

Voucher No. _____ Warrant No. _____

IN FAVOR OF

\$ _____

On Account of Appropriation No. _____ for

Allowed _____,

in the sum of \$ _____

(Board or Commission)

FILED

(Official Title)

I have examined the within claim and hereby certify as follows:
That it is in proper form.

That it is duly authenticated as required by law.

That it is based upon statutory authority

That it is apparently { correct
incorrect

Disbursing Officer

I certify that the within bill is true and correct; that the mileage therein itemized and for which charge is made was ordered by me and was necessary to the public business; and that the rate per mile is in accordance with statutes or governing ordinances, except

Name of Unit _____

_Fund

[illegible]

FORM PRESCRIBED BY STATE BOARD OF ACCOUNTS

GENERAL FORM NO. 352 (REV. 1997)

RECEIPT

Name of UNIT, AGENCY, BOARD OR DEPARTMENT

NO. _____

FUND

Payment Type and Amount

Cash Amount	Check/Draft Amount	MO Amount	Credit Card/ Bank Card Amount	EFT Amount	Other

RECEIVED FROM

\$ _____

THE SUM OF _____

DOLLARS

ON ACCOUNT OF _____

100

SAMPLE

AUTHORIZED SIGNATURE

EMPLOYEE'S EARNINGS RECORD

UNIT _____ BASIS OF PAY (PER MONTH, WEEK, HOUR) _____ MR., MRS., MISS _____
 OFFICE, BOARD OR DEPARTMENT _____ OTHER COMPENSATION TYPE _____ ADDRESS _____
 (SEE OTHER SIDE FOR INSTRUCTIONS) AMOUNT _____ CITY _____ ZIP CODE _____
 EXEMPTION STATUS FEDERAL _____ STATE _____ SOC. SEC. NO. _____

FORM PRESCRIBED BY STATE BOARD OF ACCOUNTS

General Payroll Form 99B (Rev. 1985)

	DATE OF WARRANT	PAYROLL PERIOD ENDING	C o d e	NONCASH BENEFITS	GROSS PAY	TOTAL	DEDUCTIONS										AMOUNT OF WARRANT	WARRANT NUMBER
							FEDERAL WITH. TAX	SOCIAL SECURITY	STATE WITH. TAX	INSURANCE	RETIREMENT							
	FORWARD																	
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		
13																		
14																		
	TOTAL 1ST QUARTER																	
1																		
2																		
3																		
4																		
5																		
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7																		
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9																		
10																		
11																		
12																		
13																		
14																		
	TOTAL 2ND QUARTER																	
	TOTAL TO DATE																	

SAMPLE

ACCOUNTS PAYABLE VOUCHER REGISTER

Governmental Unit

Agency

For Period _____, ____ to _____, _____

NOTES: (1) Use both sides of form if needed. Signatures of governing board should appear only on the final page of each meeting in which accounts payable vouchers are allowed. (2) The Memorandum column is for entering action on accounts payable vouchers if disallowed in whole or in part, if continued to a later meeting of governing board or for other pertinent information.

Page _____ of _____ Pages

Prescribed by State Board or Accounts

General Form No. 364 (1997)

[illegible]

ALLOWANCE OF VOUCHERS

Date this _____ day of _____, _____.

SIGNATURES OF GOVERNING BOARD

DATE _____
 RECEIPT No. _____
 METER No. _____
 ACCOUNT No. _____

THIS RECEIPT MUST BE RETURNED WHEN YOU PAY.

PRESCRIBED BY STATE BOARD OF ACCOUNTS FORM NO. 311 (REV. 1975)

DATE	READING	GAL. OR CU. FT.	AMOUNT
	PRESENT		WATER CHARGE
	PREVIOUS		
	CONSUMED		

DUE 30TH OF MONTH IN
 WHICH BILL IS RECEIVED.

WATER UTILITY
 10% OF THE FIRST \$3.00 AND
 3% OF THE BALANCE OF BILL
 WILL BE ADDED IF NOT PAID
 WHEN DUE.

SEWAGE PENALTY 10% OF BILL

Received Payment _____

By _____

NAME
 ADDRESS

SEWAGE DISPOSAL CHARGE

ARREARS SEWAGE

SALES TAX

ARREARS WATER

DISC. OR COLLECTION CHARGE

TOTAL

SAMPLE

MUNICIPAL WATER & SEWAGE UTILITIES CHURUBUSCO, INDIANA

Note: The sewage disposal charge is not subject
 to sales tax.

ACCOUNTS RECEIVABLE CONTROL

When utility records are kept on a cash or single-entry basis, a separate control account should be carried on General Ledger Sheet, General Form No. 315, in the front of the Consumer's Ledger. This account will be debited with the total monthly billing to all customers for utility services including penalties and sales tax. This account will be credited with the total accounts receivable collections, penalties and sales tax shown by the Register of Daily Cash Receipts - Consumers.

Under normal conditions the individual active accounts of customers should at all times show debit balances and at the end of each month the individual active accounts should be added and the total so obtained checks against the balance of the control account. If any adjustments are necessary to be made either to the control or to the individual active accounts, proper explanation should be recorded in the records.

When any adjustment is made to a customer's account in order to correct an error in a previous charge or credit, a like entry should be made to the control account; debiting the control to increase the charge and crediting the control to decrease the charge in order to keep the total of the individual active accounts in agreement with the control.

After all efforts have been exhausted to effect collection of delinquent accounts, and after service has been discontinued and meter deposits applied, a list of uncollectible accounts should be submitted to the board for approval before being written off and transferred to an uncollectible accounts file. After approval has been made a matter of record the total of these accounts, including the sales tax thereon, will be credited to the control account.

The foregoing procedure for handling uncollectible accounts is not applicable to delinquent sewage accounts. The procedure for collecting delinquent sewage accounts will be found on Pages 51-88 to 51-91.

When utility records are kept on an accrual or double-entry basis the Accounts Receivable account in the General Ledger serves as a control of all individual accounts in the Consumer's Ledger and the foregoing procedure would not be applicable.

REGISTER OF DAILY CASH RECEIPTS - CONSUMERS

CLASS A-B-C-D

Water-Municipal Sewage Utility

DEPARTMENT

MONTH OF_

PAGE ____

UTILITY FORM NO. 313A (1981)

[illegible]

PAGE _____

PAGE _____

Prescribed by State Board of Accounts Form 314

[illegible]

Prescribed by State Board of Accounts

Form No. 310

SUBJECT TO ALL RULES
AND REGULATIONS NOW
IN EFFECT OR HERE-
AFTER ADOPTED

CONSUMER'S GUARANTEE DEPOSIT

WITH

No. _____

MUNICIPAL WATER UTILITY

OSGOOD, INDIANA

DATE _____

RECEIVED OF _____ \$ _____

_____ DOLLARS

TO BE HELD IN TRUST as a guarantee Deposit for payment of Water service. To be refunded on discontinuance of service if and when all bills are paid.

KEEP THIS RECEIPT

MUNICIPAL WATER UTILITY

ADDRESS _____ BY _____

COLLECTOR

Note: The original receipt is issued to the consumer and the duplicate is retained in a bound book and serves as a medium of posting to the "Guarantee Deposit Register."

23-35

Form 321

[illegible]

ACCOUNTS RECEIVABLE CONTROL

SAMPLE

\$ 1 1 2 2 .00

LEFT HAND SIDE OF FORM

WATER UTILITY SIMPLIFIED CASH JOURNAL

FOR CLASS D UTILITIES				FUNDS												RECEIPTS									
DATE	NAME	EXPLANATION	WARRANT NO. OR RECEIPT FOLIO	CASH OPERATING FUND			BOND & INTEREST (SINKING) FUND			DEPRECIATION FUND			Meter Deposit FUND			CASH OPERATING RECEIPTS				TRANSFER RECEIPTS		OTHER RECEIPTS			
				RECEIPTS	DISBURSEMENTS	BALANCE	RECEIPTS	DISBURSEMENTS	BALANCE	RECEIPTS	DISBURSEMENTS	BALANCE	RECEIPTS	DISBURSEMENTS	BALANCE	UNMETERED SALES TO CUSTOMERS	METERED SALES TO CUSTOMERS	FORFEITS DISCOUNTS (PENALTIES)	OTHER OPERATING RECEIPTS	TO BOND & INTEREST (SINKING) FUND	TO DEPRECIATION FUND	NON-OPERATING RECEIPTS	CUSTOMER DEPOSITS		
1																							1		
2																							2		
3																							3		
4																							4		
5																							5		
6																							6		
7																							7		
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34																							34		
35																							35		
36																							36		

RIGHT HAND SIDE OF FORM

RIGHT HAND SIDE OF FORM

GENERAL FIXED ASSET ACCOUNT GROUP

General Form No. 369 (1995)

FUND _____

DEPARTMENT OR BUILDING _____

	Date of Purchase	Description of Asset	Serial Number	Location of Asset	Original Cost of Asset	Estimated Life of Asset	Date of Disposal of Fixed Asset	Amount Received on Disposal or Trade in	Types of General Fixed Assets					Total Fixed Assets
									Land	Buildings	Improvements Other Than Buildings	Machinery and Equipment	Construction in Progress	
1														
2														
3														
4														
5														
6														
7														
8														
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SAMPLE

HRS W'K'D'	GROSS PAY	FEDERAL WITH. TAX	SOCIAL SECURITY	MEDICARE	STATE WITH. TAX	INSURANCE		NET PAY	PERIOD ENDING	EMPLOYEE DETACH BEFORE CASHING

Prescribed by State Board of Accounts

Form No. 219 (Rev. 1993)

Appr. No. _____ \$ _____
 _____ \$ _____
 _____ \$ _____

SAMPLE
 FUND No. _____
 Example District

THIS WARRANT VOID TWO (2) YEARS AFTER
 DEC. 31 OF THE YEAR OF ISSUE

_____, 20____

Pay to the
 Order of _____ \$ _____

COMMUNITY STATE BANK
 BROOK, INDIANA

_____ Dollars
 100

 FISCAL OFFICER